



I022280

*The information herein is being provided in accordance with FIFRA section 6(a)(2)*

28 September 2010

Document Processing Desk – 6(a)(2)  
Office of Pesticide Programs -7504P  
U.S. Environmental Protection Agency  
2777 Crystal Drive, South Bldg. Rm S1264  
Arlington, VA 22202-3553

Subject: Virbac Animal Health (2382)  
FIFRA Section 6(a)(2) Adverse Effects Reporting  
August 2010 Human Single Incident Reports

Dear EPA,

This document is in replacement of the document dated September 17, 2010 that was lost by FedEx that only included three reports. These reports are sent as replacements to avoid double reporting.

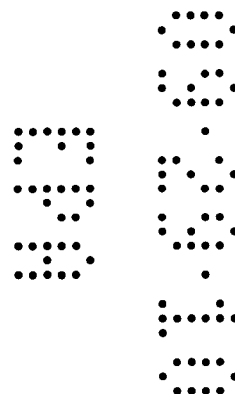
In accordance with 40 CFR 159 Subpart D, Section 159.156 & 159.184, Virbac Animal Health herewith submits the following four HUMAN SINGLE INCIDENT REPORTS IN ACCORDANCE WITH FIFRA Section 6 (a)(2).

If you have any questions concerning this report of adverse effects, please do not hesitate to contact me at 1-800-338-3659, ext. 3562 or [kellie.garza@virbacus.com](mailto:kellie.garza@virbacus.com).

Sincerely,

  
Kellie Garza, DVM  
Technical Service Veterinarian

Cc: Alabama Department of Agriculture and Industries  
California Department of Pesticide Regulation  
Florida Department of Agriculture and Consumer Service  
Georgia Department of Agriculture  
Hawaii Department of Agriculture  
Kentucky Department of Agriculture  
Maine Department of Agriculture  
Michigan Department of Agriculture  
New Jersey Pesticide Control Program  
New York State Department of Environmental Conservation  
Washington State Department of Agriculture



Enclosures

3200 Meacham Blvd., Fort Worth, TX 76137 · Telephone: (817) 831-5030 · Fax (817) 831-8327

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

-004

|                        |   |   |  |                                    |
|------------------------|---|---|--|------------------------------------|
| Row 1                  | Reporter name:<br>[REDACTED]  | Submission date:<br>9/28/10   | Contact person (if different than reporter)  | Internal ID<br>4482995             |
| Administrative Data    | Address:<br>NA  |   | Address:   |                                    |
|                        | Phone #:<br>[REDACTED]  |   | Phone #:   |                                    |
|                        | Incident Status:<br><i>New</i>  | Location and date of incident<br><i>Madison TN 08-15-2010</i>   | Date registrant became aware of incident:<br><i>08-15-2010</i>   | Was incident part of larger study? |
| Row 2                  | EPA Registration # (Product 1)<br><i>67517-66-478</i>   | EPA Registration # (Product 2)  | EPA Registration # (Product 3)   |                                    |
| Pesticide(s) Involved  | A.I. (s)<br><i>bromethalin</i>  | A.I. (s)  | A.I. (s)   |                                    |
|                        | Product 1 Name<br><i>Real Kill Rat &amp; Mouse Killer all Weather Bars</i>  | Product 2 Name  | Product 3 Name   |                                    |
|                        | Exposed to concentrate prior to dilution? <i>NA</i>   | Exposed to concentrate prior to dilution?   | Exposed to concentrate prior to dilution?  |                                    |
|                        | Formulation   | Formulation   | Formulation  |                                    |
| Row 3                  | Evidence label directions were not followed? <i>No</i><br>Intentional misuse? <i>No</i>   | Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))<br><i>Own Residence</i> | Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)<br><br><i>See Description Notes</i> |                                    |
| Incident Circumstances | Applicator certified PCO? <i>Not applicable</i>   |   |  |                                    |
|                        | How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)<br><br><i>See Incident Description</i> |   |  |                                    |

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*08/15/2010 8:07: pm Lot# Not available*

*HX: Someone had tracted in the product on the shoes, and their daughter was on the floor and may have ingested a piece.*

*REC: Daughter had diarrhea (unknown if related) Feverhyperthermia(unknown if related) Temp 102.2*

*Therapies Dilute/irrigate/wash.*

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

|   |  |   |   |
|---|--|---|---|
| Demographic information<br>Age: <i>Unknown child</i> Sex: <i>Female</i><br>Occupation: (if relevant)  | Exposure route:<br><i>oral</i>   | Was adverse effect result of suicide/homicide or attempted suicide/homicide?<br><i>No</i> | Was protective clothing worn (specify)?<br><i>no</i>  |
| If female, pregnant?<br><i>Did not query</i>  | Was exposure occupational?<br><i>No</i><br>If yes, days lost due to illness: | Time between exposure and onset of symptoms:<br><i>See Symptoms</i>                       |   |
| Type of medical care sought:<br>(examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).<br><i>On-site</i> | List signs/symptoms/adverse effects.<br><i>Diarrhea, Fever hyperthermia;</i> |   | If lab tests were performed, list test names and results (If available, submit reports).<br><br><i>Not Reported</i> |
| Exposure data:<br>Amount of pesticide:<br>Exposure duration:<br>Weight:   |  |   |   |
| Human severity category:<br><i>HC</i>   |  |   |   |

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
**4482995**

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